

Date Received by MSL _____

Application Deadline: October 8, 2004 by 5:00 p.m.

Please return original application PLUS five copies to:

Linda Lord

Maine State Library

64 State House Station

Augusta, ME 04333

Maine State Library
New Century Community Program
Application for
Americans with Disabilities Compliance (ADA)
Public Library Grants FY 04-05
(To help libraries comply with ADA legislation)

Application online at <http://www.maine.gov/msl>

Maximum grant \$5000.
Must be matched by local funds or documented in-kind services.

Project Title _____
(Title should clearly indicate the type of accessibility project planned.)

One to one local funding match is a legislative requirement of receiving this grant.

1. Name of Applicant Library _____

2. Name of Library Director _____

3. Address _____

4. Name of Project Director _____

(all communications will be sent to this person)

5. Title of Project Director _____

6. Address _____

(if different from Number 2 above)

7. Telephone number _____ Fax _____

8. E-mail _____

9. Signature of Library Director (or Board President)

_____ Date _____

10. Check one: Our library is a member of the:

- ☐ Central Maine Library District
- ☐ Northeastern Maine Library District
- ☐ Southern Maine Library District
- ☐ Non-member

11. Does the library meet the following **TWO** minimum library standards set forth in Maine Public Library Standards 2000*? ☐ Yes ☐ No

(If the response is no, your application will not be evaluated. The Maine Library Commission has set these standards as a mandatory requirement for grant eligibility.)

*See: A) p. 92 Our library has a minimum of 6000 volumes.

B) p. 92 Our library is open a minimum of 20 hours a week.

12. Please describe in detail the ADA project planned for your library. Projects will be funded in the following order: (a) accessible entrance; (b) accessible goods and services; (c) accessible restrooms (d) additional access. See enclosed for further information. (55 points)

13. Have you worked with an: ☐ architect ☐ engineer or ☐ contractor to design this project? (20 points)

If so, please provide the following information:

Name _____

Address _____

Telephone number _____ Fax _____

Email _____

14. Please give a detailed budget for your project. Remember that if you request \$5,000, you must match it with \$5,000 in local funds. **Local funds** may include in-kind support and/or cash. *Examples of in-kind funds: donated services by local vendor or contractor, donated building materials, etc.* Please include the source(s) of your \$5,000 local match. (25 points)

If you have any questions, please call Linda Lord at
(207) 287-5620 or email linda.lord@maine.gov.